



Closed Point-of-Dispensing Initiative

**Partnering with the
District of Columbia Department of Health
To Expand
Emergency Mass Dispensing Capabilities**

Presented

December 18, 2012

**United States Department of State
Washington D.C.**



Objectives

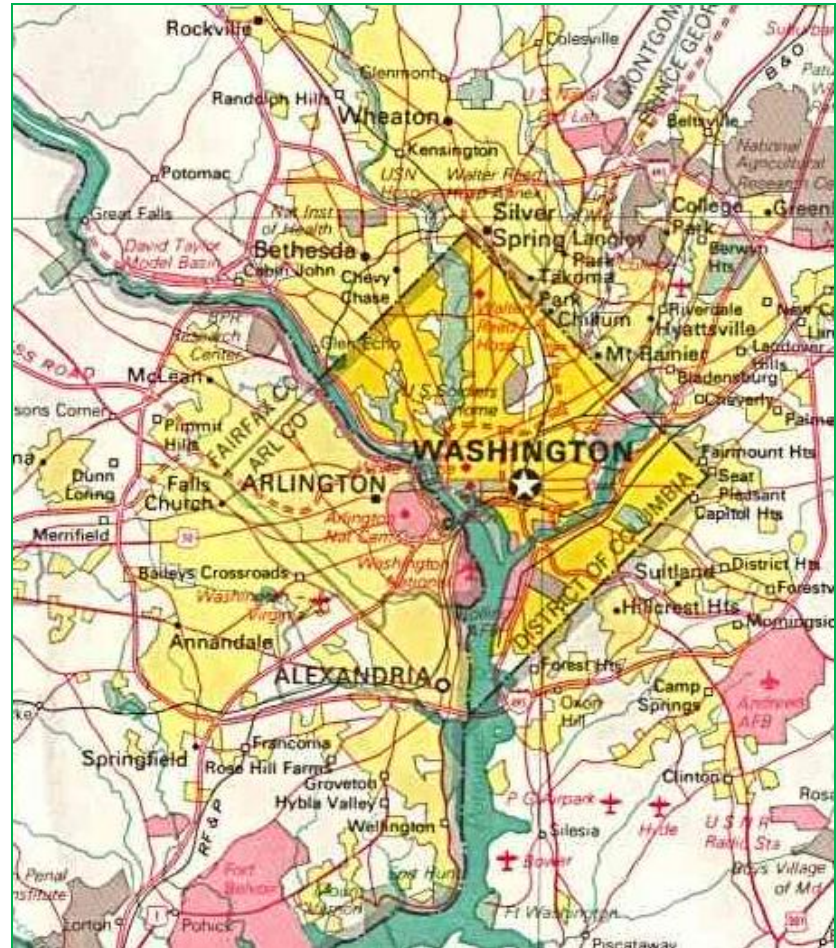
- Discuss public health response in bioterrorism or incident with health implications
- Describe the specific threat scenario of interest
 - aerosolized release of anthrax
- Show why Non-medical mass dispensing is appropriate
 - Closed Points of Dispensing (POD) vs. Public PODs
- Outline mutual benefits of interagency collaboration
- Describe elements of the Closed POD (CPOD) initiative



District of Columbia Profile

- 617,000 + Residents
- 1.2 M Daytime Pop
- 64 square miles
- Among the most dense urban populations in the U.S.

Most government employees & contractors working in D.C. live in MD, VA, DE, & PA.





Planning Assumptions

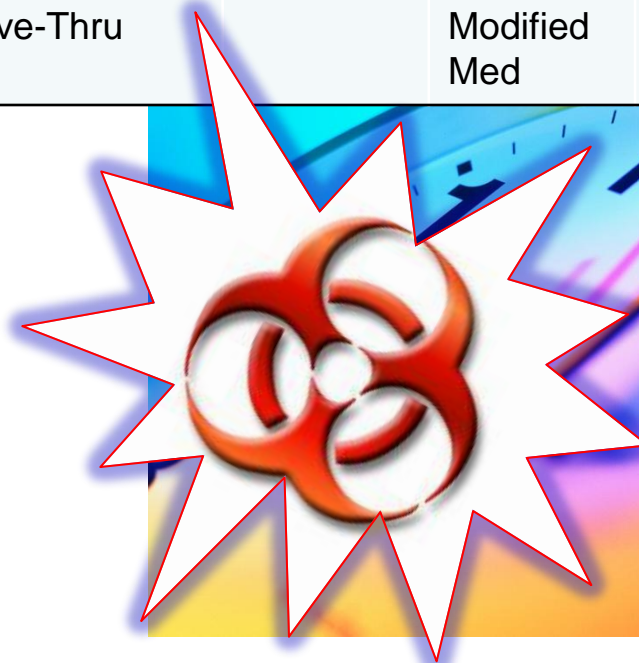
- Aerosolized anthrax release (“CRI Incident”)
- 100% of residents require prophylactic or therapeutic medications
- Head-of-Household dispensing is authorized
- Time allocated to dispense medications is 48 hours



The Challenge

- Aerosolized anthrax release
 - Unknown boundary
 - Unknown “exposed”
- National Planning Scenario #2
 - 328,484 exposures
 - 13,208 untreated fatalities
 - 3,342 total casualties
- Clinical imperative:
“Pills in People” before onset of symptoms
 - 24 Hours to “ramp up”
 - 24 hours to dispense

Modality	0-24 Hours	24-48 Hours	>48 Hours
Bio-Pack	Modified Med		
Public POD		Modified Med	Medical
Closed POD		Modified Med	Medical
Drive-Thru		Modified Med	





New Years Eve 2009...

Federal Register

Vol. 75, No. 3

Executive Order 13527 of December 30, 2009

Establishing Federal Capability for the Timely Provision of Medical Countermeasures Following a Biological Attack

- Policy
- Postal Option
- Rapid Federal Response
- Continuity of Operations/Government





Department of Defense Instruction 6200.03

Military installations are authorized to serve as receipt, staging, and storage (RSS) sites for Strategic National Stockpile (SNS) assets and as closed points of dispensing (PODs) capable of dispensing State, local, tribal, and territorial (SLTT) SNS assets to their DoD population (as defined in Military Department planning guidelines). Military installations are prohibited from serving as open PODs for SNS assets.





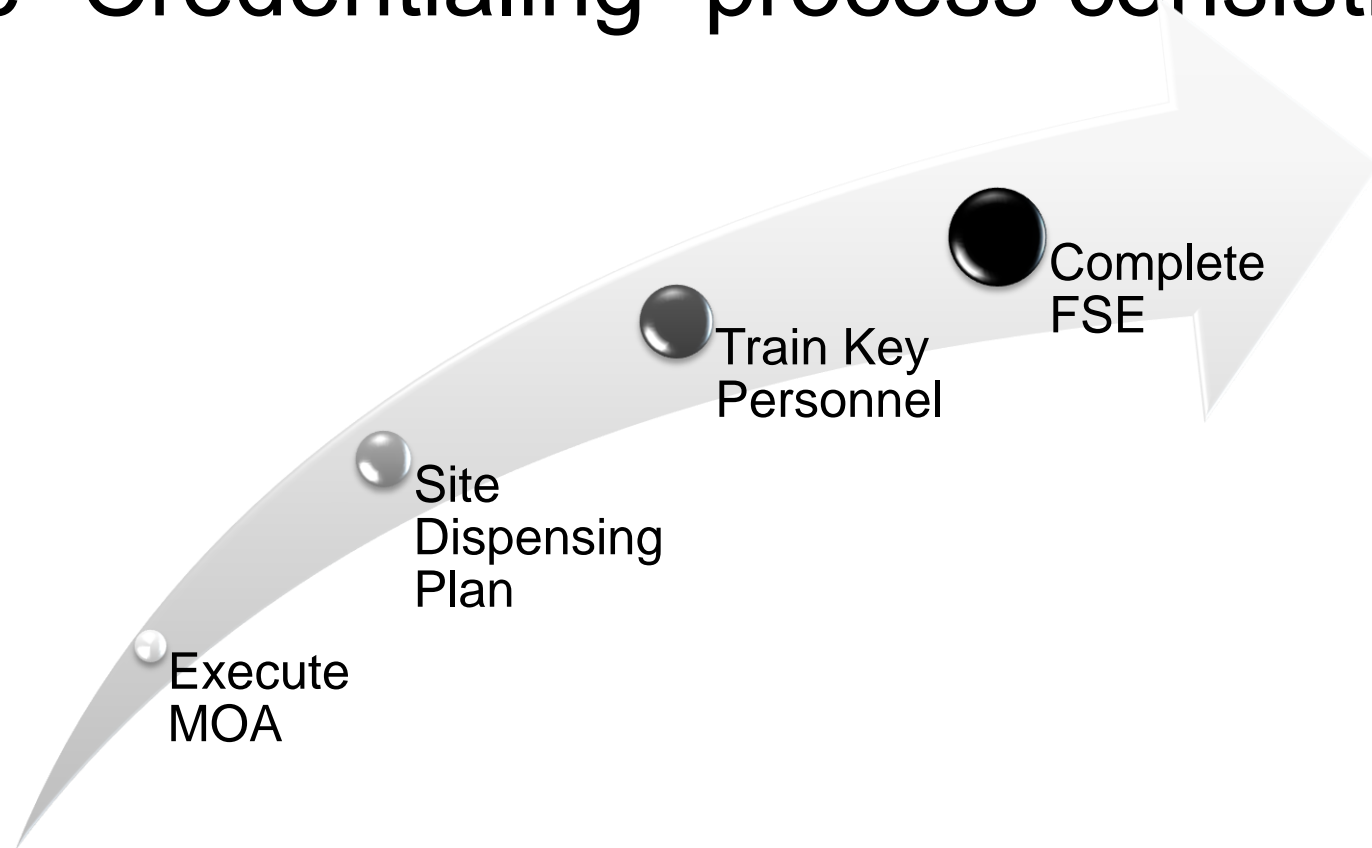
In 2010...

The D.C. Department of Health
launched a pilot project purposed
to engage a diverse group of
partner agencies in co-developing
mass dispensing capabilities.



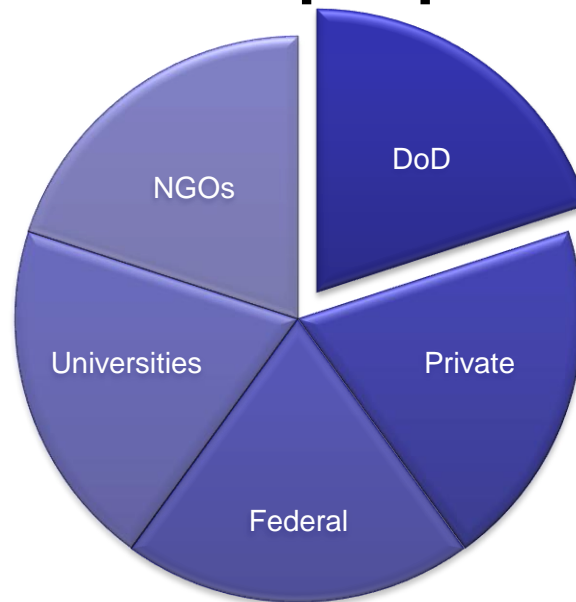
After two cohorts...

Twenty-seven agencies have completed the “Credentialing” process consisting of:





These twenty-seven C-PODs
account for approximately 67% of
DC's night time population.





Public Health's Response

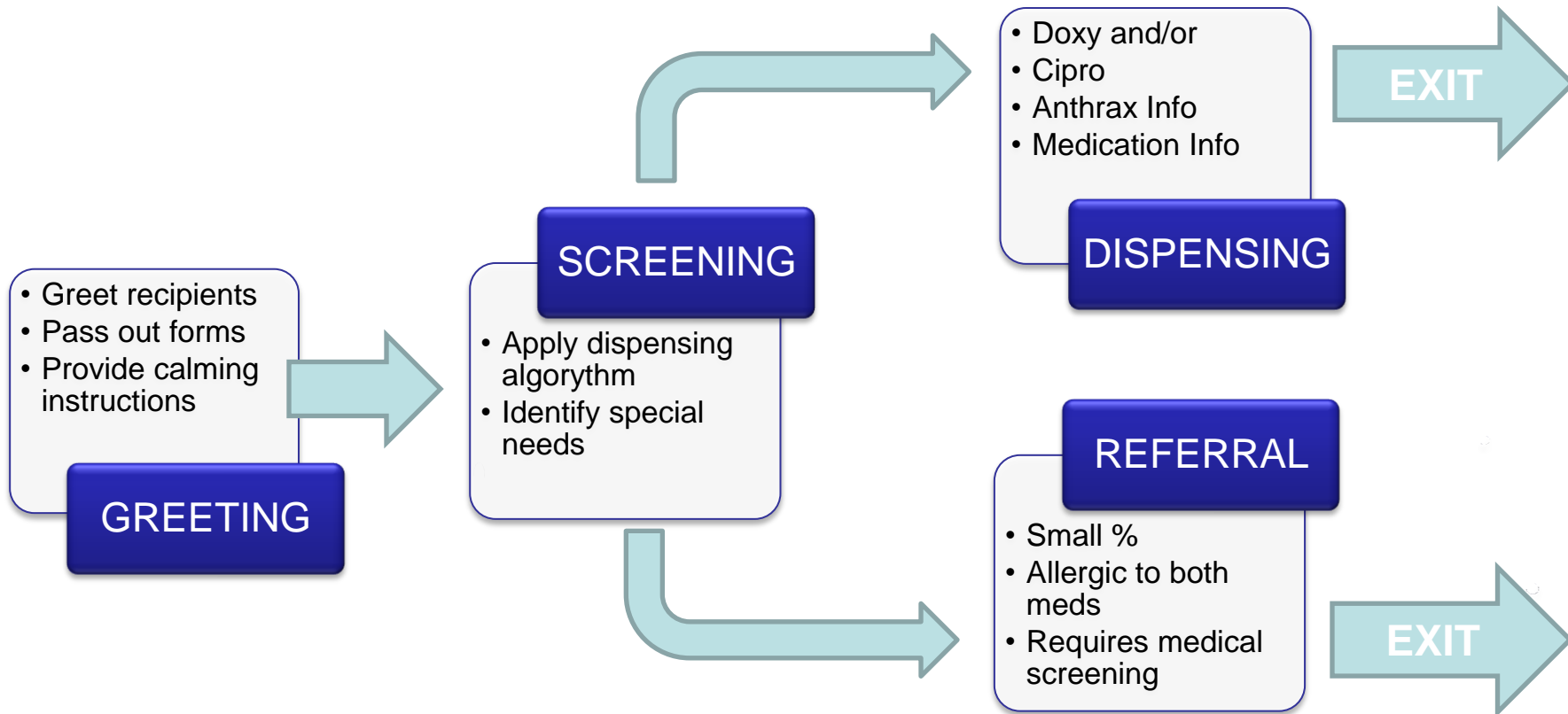
- Public Points of Dispensing (PODs)
 - Primary method to dispense medications to the public
 - Community Centers located throughout the District
 - Staffed and managed by HEPRA
(DC Civil Servants, Volunteers)
- What this means to the District of Columbia
 - 617K Residents of the District of Columbia
 - >1.2 Million Daytime Population
 - Even with “Head-of-Household” dispensing HEPRA will see >250K persons in 24 hours



H1N1 vaccination campaign taught that greater resources & coordination will be required



Understanding the Process





District of Columbia's Closed POD “Credentialing” Process

- Execute Memorandum of Agreement
- Submit Site Dispensing Plan
- Identify & Train Key Personnel
- Participate in Full-Scale Exercise



Partnering with DC DOH to become a Closed POD

- Medications dispensed to a specific group associated with the agency/organization
- Not open to the public*
- Staffed and managed by agency staff with oversight by DC DOH



*Closed PODs could open to the Public
after dispensing to staff/family if approved
(but not required)





Benefits of Becoming a Closed POD

- Benefits the District as a whole
 - Adds dispensing capacity to the DC DOH network
 - Decreases the number of people reporting to Public PODs
- Benefits Closed POD agencies
 - Provides medical countermeasures to tenant population more rapidly
 - Helps to ensure agency continuity of operations
 - Demonstrates commitment to organizational “community”



Liability Issues

- Memorandum of Agreement
 - Specifies expectations of agency and Department of Health
- Liability Protection
 - Public Readiness and Emergency Preparedness (PREP) Act





Closed POD Exercise – April 20, 2011

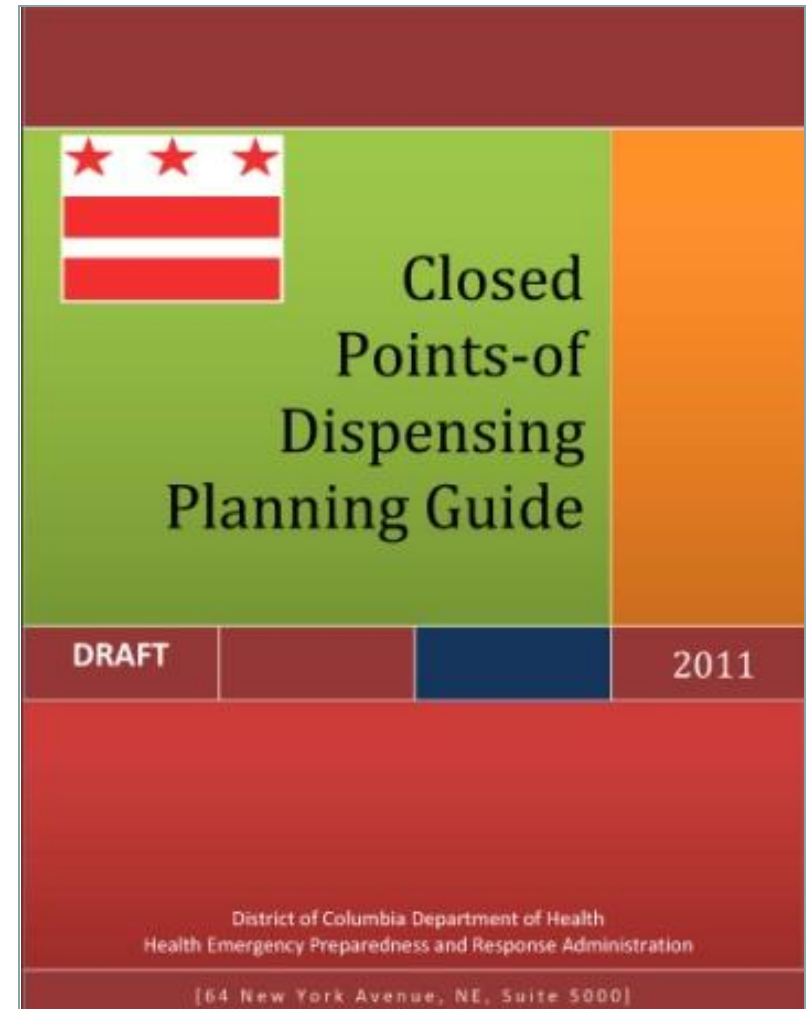
American University Closed POD





DOH Support

- Structured Meetings
 - Four pre-scheduled meetings + sponsored full-scale exercise
 - 3-4 week intervals
 - “Homework” parceled out as opposed to front-loaded
 - Real-time consultation by email, phone or face-to-face
- Guides provided with templates
 - MOA
 - Planning Guide
 - Training/TTX Guide
 - EEG, C&O, ExPlan
- Technical Assistance Site-Visit
 - Proposed location
 - Assess POD tactics
 - Assist training/TTX
 - Exercise evaluators





Maintenance Process

Annual review and update

- POCs
- Site Dispensing Plan
- MOA



- POCs also invited to evaluate subsequent exercises



Closed POD Exercise – April 19, 2011

Receive, Store, Stage Warehouse





Closed POD Exercise – April 20, 2011

Health Emergency Coordination Center





After-Action Report Improvement Plan

- ALL RSS, HECC and CPOD partners invited to attend AAR Conference
- Scope of the AAR is specific on RSS, HECC, and generalized on C-POD operations (mostly positive points and recommendations for improvement in broad context)
- Short site-specific AAR's prepared and shared with CPOD POCs; incorporated into Restricted version of AAR



Acknowledgements

- Saul Levin, MD, MPA, Director
- Brian W. Amy, MD, MHA, MPH, FACPM, Senior Deputy Director, HEPRA
Medical Director
- Brenda Kelly, Deputy Director, HEPRA
- Peggy Keller, MPH, BT Coordinator
- Joshua Robinette, DRI Coordinator
- Special Thanks to CDC Assignee Wesley McDermott, MSPH



QUESTIONS or COMMENTS?

CDC's Strategic National Stockpile

<http://emergency.cdc.gov/stockpile/index.asp>

DC DOH Health Emergency Preparedness & Response Administration

<http://bioterrorism.dc.gov/biot/site/default.asp>

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